



Air Force Warrior Care (AFPC/DPFW)
Recovering Airman Mentorship Program (RAMP)
Mentor Application



Name: (please print) _____

Rank: _____ Career Specialty: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ **Experience with MEB Process:** _____

Email: _____

Secondary Email: _____

What languages do you speak (other than English)? _____

Gender: M F Birthdate: _____ Date of injury/illness: _____

Injury/Illness: _____

Interests/Hobbies: _____

Nonmedical Care Manager **Signature:** _____

--OR--

Recovery Care Coordinator **Signature:** _____

Agreement:

Once accepted, Air Force Warrior and Survivor Care (AFPC/DPFW) will certify me as a Peer Mentor, I agree to:

- Adhere to all the AFPC/DPFW and RAMP policies and procedures for peer mentors
- Notify the RAMP Program Manager if my contact information changes
- Report all mentoring visits (Recovering Airmen/Families/RCC) to RAMP Program Manager.
- I will always conduct myself in a positive, respectful and professional manner.
- I will not engage in any inappropriate or unwarranted behavior which would cause harm to the assigned Airman
- As a mentor, if my actions are deemed harmful, and are a threat to the mentorship program, I will agree to withdraw my status as a mentor, and immediately get assistance.
- I understand that reinstatement is at the discretions of RAMP Program Manager and Leadership.
- I authorize the RAMP Program third party release consent of my Name, Email, Phone, and City/State with assigned Mentor/Mentoree.

I understand my participation and involvement as a RAMP Mentor is voluntary and I can resign at any time with notice, or I may be removed by the RAMP Program Manager should a negative mentor relationship with a Mentoree develop.

Signature: _____ **Date:** _____

Email Completed Document to RAMP at: **AFPC.DPFWS.RAMP@us.af.mil**